

Monthly Employment Report

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

Consumer Name	This wage report is for the month of:
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If you are receiving SSI/SSDI cash benefits you are responsible for reporting your monthly wages to the Social Security Administration (SSA) before the end of the following month.

Please describe how your job is going
Please list any concerns you would like to discuss with your counselor
When would be a good time for DVR to contact you to discuss these concerns?
Are there any further services you feel you need from DVR to be able to maintain your employment?

***Please be sure to attach a copy of your pay stubs for the month when sending in this form.**

Consumer Signature	Date Signed
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